

Exhibit No. 6Date: 3/26/18Bill No. HB 477

**Physician Assisted Suicide (PAS) – Looking Beyond Personal Experiences to
Long Term Cultural Consequences - In favor of HB 477
Montana Senate Judiciary Committee**

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I want to thank this committee for hearing our concerns. I am aware that you have had this issue before you several times before. I also know you are aware that Social Issues such as this are destined to be a part of legislation for the foreseeable future.

My Father and Father-in-law both passed of cancer and both my Mother and Mother-in-law experienced long periods of dementia at the end of their lives. I can tell you that each of them would not have traded those last days with family for anything nor would the family. I feel confident that each of them would have said they *died with dignity*.

My reason for being before you is to point you **past our personal stories and concerns of a libertarian nature** to the long term implications.

If you have read the 6th Circuit Court of Appeals case on same-sex marriage, I think Judge Sutton pointed to some **issues that also relate to PAS**.

- Judge Sutton argued that *“the original intention of the framers of the Constitution’s language would support the claim that **the states** have the right to define marriage because it has interest.”* This suggests that the **State does have interest in Social issues**.
- He made another statement we need to consider here ...*“A dose of humility makes us hesitant to condemn as unconstitutionally irrational a view of marriage shared not long ago by every society in the world, shared by most, if not all, of our ancestors, and shared still today by a significant number of the States.”*

The wise British philosopher G.K. Chesterton once said *“One should never tear a fence down unless he knows why it was put there in the first place.”* From its beginning, Orthodox Christianity has rejected suicide in any form as have those of the Jewish and Muslim faiths.

My point is that Governments have an interest in these issue because they **so impact the culture in the long term**. For centuries, God fearing cultures rejected the idea that our doctors should be involved in terminating a life. It was completely contrary to their oath.

When I was before you a few weeks ago I suggested that ideas have consequences but they also have histories and agendas. As legislators, I urge you to **look past your personal stories** and the **issues of so called personal freedoms** to the implications of the culture that your children and grandchildren will live in.

Allow me to suggest where this is going as referenced by where it has gone in other places.

SENATE JUDICIARY
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Holland is the laboratory test - it goes like this:

- **In 1976** a Doctor gave his mother a lethal dosage and was taken to court. The court labeled **this an act of compassionate** and from that point on it was tolerated.
- Five years later in **1981** the court laid down guidelines much like what we see being proposed in 15 states now for PAS. But then 20% of those being administered lethal doses were not dying. So they said we need to do this right so they **approved voluntary euthanasia**. The Doctor could be there and give a lethal injection.
- **In 1982** the court decided the patient **did not have to be terminally ill** to get this benefit. Someone suffering for six years should have the same benefit of one suffering for six months.
- **In 1985** a Doctor killed two patients in a rest home **without their permission**. The court backed him saying this was a compassionate act and awarded him \$150K for damage to his reputation. **This initiated non-voluntary euthanasia**.
- **In 1989** there was the first lethal **injection to a baby** with Down Syndrome because he would suffer his whole life.
- **In 1994** a woman who had **mental suffering** was injected and the court **said how can we say that mental suffering is less severe than physical suffering?** Now two thirds of the Doctors say they have no problem with assisting someone who has mental suffering

Nearly a decade ago, former Governor Richard Lamm of Colorado said: *"Older groups in our society have a duty to die to **get out of the way** for the younger generation."*

The arguments for physician-assisted suicide are equally arguments for euthanasia. New York University School of Law professor Richard Epstein *"has charged his fellow assisted suicide advocates who fail to endorse the legalization of euthanasia...with a 'certain lack of courage. If compassion demands that some patients be helped to kill themselves, it makes little sense to claim that only those who are capable of self-administering... be given this option. Should not those who are too disabled to kill themselves have their suffering ended by a lethal injection? And what of those who are too disabled to request that their suffering be ended, such as infants or the demented? Why should they be denied the "benefit" of a hastened death? Does not "compassion" provide an even more compelling reason for a doctor to provide this release from suffering and indignity?"*

Once you decide there are **lives not worthy to be lived, where do you draw the line? And who gets to decide?** Remember that **Policy Promotes Practice!** This issue is bigger than our personal stories and goes beyond a reasonable demand for autonomy. I urge you to pass HB477 and clarify for Montana the positions that **end of life care should be the focus** of our doctors and protect them from the inevitable agenda that one day they will be force to participate in PAS.